

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>13194</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>CHARLES</u> <u>R</u> <u>MORTON</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>456 GREGORY AVE</u> City <u>NEW HEBANON</u> State <u>OHIO</u> ZIP Code + 4 <u>45345</u>	4. Name, file number, and address of labor organization. Name <u>Asbestos WORKERS LOCAL # 29</u> Labor Organization File Number <u>013-952</u> P.O. Box, Building and Room Number, if any <input type="text"/> Street <u>2002 RICHARD ST</u> City <u>DAYTON</u> State <u>OHIO</u> ZIP Code + 4 <u>45403</u>
5. Position in labor organization. <u>BUSINESS MANAGER - TRUSTEE HEALTH & WELFARE & PENSION</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <u>N/A</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Charles Ray Morton</u>	On <u>8-12-2005</u> <u>(937) 223-3255</u> Date Telephone Number

Name of Person Filing <u>Charles R. Morton</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>NATIONAL ASBESTOS WORKERS MEDICAL FUND</u></p> <p>Trade Name, if any: <u>CARDAY ASSOCIATES, INC.</u></p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>4600 POWDER MILL RD, SUITE 100</u></p> <p>City <u>BELTSVILLE,</u></p> <p>State <u>MARYLAND</u> ZIP Code + 4 <u>20705-2698</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>NATIONAL ASBESTOS WORKERS PENSION FUND</u></p> <p>Trade Name, if any: <u>CARDAY ASSOCIATES, INC.</u></p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>4600 POWDER MILL RD, SUITE 100</u></p> <p>City <u>BELTSVILLE,</u></p> <p>State <u>MARYLAND</u> ZIP Code + 4 <u>20705-2698</u></p> <p style="margin-top: 20px;"><i>note:</i> REIMBURSEMENT CHECKS IN MY NAME, SIGNED OVER TO LOCAL 19 AND DEPOSITED IN GENERAL FUND ←</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <u>REIMBURSED EXPENSES FOR 2004 ANNUAL TRUSTEE MEETING FOR MEDICAL & PENSION FUNDS.</u> <u>MEDICAL FUND - 424.06</u> <u>MEALS PROVIDED BY CARDAY</u> <u>PENSION FUND - 424.06</u> <u>\$212.78</u> </div> <p>11.b. Approximate dollar value of such dealing. <u>1060.90</u></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <u>REIMBURSED - MEDICAL FUND - 424.06</u> <u>PENSION FUND - 424.06</u> <u>TOTAL - \$ 848.12, SIGNED CHECK OVER TO LOCAL 19, AND DEPOSIT IN GENERAL FUND</u> <u>\$ 212.78 MEAL PROVIDED & PAID FOR BY CARDAY ASSOCIATES</u> </div> <p>12.b. Amount. <u>848.12</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>